

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/869782

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3		1					52						
4		1					53						
5		1					54						
6		1					55						
7		1					56						
8	1						57						
9		1					58						
10		1					59						
11		1					60						
12	1						61						
13		1					62						
14		1					63						
15		1					64						
16		1					65						
17		1					66						
18		1					67						
19		1					68						
20		1					69						
21		1					70						
22		1					71						
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26		1					75						
27		1					76						
28		1					77						
29		1					78						
30		1					79						
31		1					80						
32		1					81						
33		1					82						
34		1					83						
35		1					84						
36		1					85						
37		1					86						
38		1					87						
39		1					88						
40		1					89						
41		1					90						
42		1					91						
43		1					92						
44		1					93						
45		1					94						
46		1					95						
47		1					96						
48		1					97						
49		1					98						
50		1					99						
TOTAL IND.	31						100						
TOTAL DEP.	53						TOTAL IND.						
TOTAL CLAIMS	84						TOTAL DEP.						
							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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